

## Hitchcock Clinic—Concord

Child's Name_____		Nickname_____		DOB_____	
Parent (Caregiver)_____				(Relationship)_____	
Address_____					
Phone # (home)_____		(Blocked? Y__N__)		Best time to reach_____	
E-mail_____					
Mom Alternate Phone_____			Dad Alternate Phone_____		
Emergency Contact_____				Phone _____	
				Relationship_____	
Emergency Contact_____				Phone_____	
				Relationship_____	

<b>Diagnose(s): ↓</b>	<b>→ Emergency Plan</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complexity Level</b> _____
Primary _____	ICD9 _____	Primary _____	ICD9 _____
Secondary _____	ICD9 _____	Secondary _____	ICD9 _____
Secondary _____	ICD9 _____	Secondary _____	ICD9 _____

<b>Allergies/reaction:</b> _____ _____ _____ <b>Medications/dose:</b> _____ _____ _____ _____ _____ _____	
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PCP	Phone	Fax	E-Mail
#1 Specialist/Specialty	Clinic/Hospital Phone		Other (fax, e-mail, etc.):
#2			Other (fax, e-mail, etc.):
#3			Other (fax, e-mail, etc.):
#4			Other (fax, e-mail, etc.):

Nursing Service/Respite\_\_\_\_\_ Phone \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Common Presenting Problems/Findings with Specific Suggested Managements</b> ( ) <i>See specialist letter(s) attached</i>		
<b>Problem #1</b>	<b>Presenting Signs and Symptoms</b>	
Suggested Diagnostic Studies:		Treatment Considerations
<b>Problem #2</b>	<b>Presenting Signs and Symptoms</b>	
Suggested Diagnostic Studies:		Treatment Considerations
<b>Problem #3</b>	<b>Presenting Signs and Symptoms</b>	
Suggested Diagnostic Studies:		Treatment Considerations
<b>Comments on child, family, or other specific medical issues</b>		
Physician/Provider	Signature	Print Name
Family/guardian signature giving consent for release of this information to the emergency room		Print Name